## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

AM 100581

CLAIMS AS FILED - PART I											<del> </del>	
TOTAL CLAIMS			(Column 1)		(Column 2)			SMALL TYPE	ENTITY	OF		R THAN ENTITY
			3	31				RATE	FEE	٦	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	EE 370.0		BASIC FE	<del></del>
TOTAL CHARGEABLE CLAIMS			3   minus 20=		* []			X\$ 9=		OR		198
INDEPENDENT CLAIMS			8 minus 3 = 7		* 5			X42=	+	1	\	
М	JLTIPLE DEPE	NDENT CLAIM F	PRESENT						+	OR	A04=	420
*	f the differenc	e in column 1 is	less than 2	ero, enter	"0" in d	column 2		+140=		OR	+280=	
				MENDED - PART II				TOTAL		OR	TOTAL	1358
_	Marin May Total Same	(Column 1)		(Column 2)				SMALL	. ENTITY	OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING		HIGH		(Column 3)				7		
		AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
		* ENTATION OF M	Minus	###	CL AIDA	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	<b>†</b>		.000	
							<b>L</b>	TOTAL		OR	+280=	5.45
		(0-1					Α	DDIT. FEE		OR	ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						9
AMENDMENT B	T	REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total Independent	*	Minus	**		=		X\$ 9=		OR	X\$18=	1
		NTATION OF MU	Minus	PENDENT (	CL AIRA	=	$\cdot \Gamma$	X42=		OR	X84=	
				CNOCKT	CLATIVI			+140=		OR	+280=	
		194	•		•	o policy and the gift of the	. AD	TOTAL DDIT. FEE		OR	TOTAL DDIT. FEE	
		(Column 1)		(Columi	n 2)	(Column 3)	•				DOM. FEEL	
ပ	A STATE OF THE STA	CLAIMS		HIGHE	ST		Ė			_		
AMENDMENT		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**	551			X\$ 9=		OR	X\$18=	<u>ree</u>
	Independent		Minus	***	- 1	=		X42=		t	X84=	
	, moi rheae	NTATION OF MU	LIPLE DEP	ENDENT C	CLAIM		F			OR	A04=	
* If the entry in column 1 is less than the ntry in column 2, writ "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."												
***	the "Highest Nur	nber Previously Pai nber Previously Pai ber Previously Paid	d For" IN THIS id For" IN THIS	SPACE is le	ess than	20, enter "20."	ADI ound	TOTAL DIT. FEE in the app		OR AE	TOTAL DDIT. FEE	